

Regular Mailing Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Email: st-medicine@pa.gov
st-osteopathic@pa.gov

Courier Delivery Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110
Medicine – 717-783-1400/717-787-2381
Osteopathic – 717-783-4858

APPLICATION FOR A GENETIC COUNSELOR LICENSE

SECTION 1 – GENETIC COUNSELOR LICENSE – STANDARD METHOD

1.	Submit the appropriate application fee via check or money order, made payable to the "Commonwealth of Pennsylvania." FEES ARE NOT REFUNDABLE. Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.
2.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
3.	Applicant must be at least 21 years of age.
4.	During each biennial licensure period, individuals holding a license as a genetic counselor shall complete 30 hours of continuing education consistent with the Board's regulations. A genetic counselor applying for licensure in this Commonwealth for the first time shall be exempt from the continuing medical education requirement for the biennial renewal period in which initial licensure is acquired.
5.	The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.
You may not practice in the Commonwealth of Pennsylvania until the Board has issued you a license and you have obtained professional liability insurance.	
PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.	
6.	Complete pages 1 and 2 of the application and submit to the Board with the appropriate fee.
7.	Contact the educational program where you completed an ABGC or ABMG-accredited master's or doctoral degree educational program in human genetics or genetic counseling and have the Verification of Genetic Education Program form along with an official transcript completed and sent <u>directly</u> to the Board in a sealed, official school envelope.
8.	Contact the ABGC or ABMG and request that an official verification of certification letter be sent <u>directly</u> to the Board in a sealed, official organization envelope.
9.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
10.	Provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. The proof of insurance/certificate must include your name and indicate that you are covered (or will be covered once licensed) under the policy while performing genetic counseling services in the Commonwealth of Pennsylvania.

11.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>
12.	Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, etc.) from graduation from school to present. The list must be in chronological order, <u>include the month and year</u> , and indicate the state/territory in which the employment occurred.

SECTION 2

SECTION 2 – GENETIC COUNSELOR LICENSE – APPLICANTS WHO HAVE NOT PASSED THE ABGC OR ABMC CERTIFICATION EXAMINATION

IMPORTANT INFORMATION

Individuals who have never passed a certification examination for genetic counselors may apply for licensure for a period of three years after the effective date of this section of the Act.

Although an individual may apply for a license as a non-certified genetic counselor until February 13, 2015, **NO INDIVIDUAL may practice genetic counseling or hold themselves out as a genetic counselor after February 13, 2014 without having a license issued by the Board.**

In addition to the items listed below, non-certified applicants must **ALSO** meet the requirements listed in items 1 through 6 and 9 through 12. In lieu of items 7 and 8 above, you must provide proof of the following two items.

1.	<p>ALL non-certified applicants who have never passed a genetic counselor certification examination must provide on official copy of their transcript and either:</p> <p>A. <u>MASTER'S DEGREE</u>: Proof of a master's degree or higher in genetics/ genetic counseling or a related field and <u>proof of continuous work as a genetic counselor</u> for a minimum of three <u>CONTINUOUS</u> years preceding the enactment of this section (December, 2008 through December, 2011). Verification of three continuous years of work as a genetic counselor must be verified by submitting copies of your Federal tax returns listing your occupation as a genetic counselor.</p> <p style="text-align: center;">OR</p> <p>B. <u>BACHELOR'S DEGREE</u>: Proof of a bachelor of science degree in genetics/genetic counseling or another related field and <u>proof of continuous work as a genetic counselor</u> for a minimum of ten <u>CONTINUOUS</u> years preceding the enactment of this section (December, 2001 through December, 2011). Verification of ten continuous years of work as a genetic counselor must be verified by submitting copies of your Federal tax returns listing your occupation as a genetic counselor.</p>
2.	<p>ALL non-certified applicants who have never passed a genetic counselor certification examination must submit at least <u>three</u> letters of recommendation from individuals who have worked with the applicant in an employment setting and <u>can attest to the applicant's competency in providing genetic counseling services</u> as follows:</p> <p>A. At least one letter must be from a genetic counselor certified by the ABGC or ABMG (verification of the individuals' ABCG or ABMG certification must be included with the recommendation letter) who has worked with the applicant in an employment setting and can attest to the applicant's competency in providing genetic counseling services;</p> <p>B. At least one must be from either a clinical geneticist certified by ABMG or a medical geneticist certified by the ABMG (verification of the individual's ABMG certification must be included with the letter) who has worked with the applicant in an employment setting and can attest to the applicant's competency in providing genetic counseling services]</p> <p>C. One letter may be from an individual who has worked with the applicant in an employment setting and can attest to the applicant's competency in providing genetic counseling services.</p> <p>Each letter submitted must meet all the requirements listed above and include the required verification of certification for the individual submitting the recommendation.</p>

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APPLICATION FOR A GENETIC COUNSELOR LICENSE

Check the method by which you will be applying for licensure/registration:

GENETIC COUNSELOR LICENSE
 STANDARD METHOD - \$50

GENETIC COUNSELOR LICENSE
 NON-CERTIFIED METHOD - \$100

Check the Board under which you are applying to be licensed:

State Board of Medicine

State Board of Osteopathic Medicine

Submit the appropriate fee via check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.

APPLICANT INFORMATION (Please Print or Type)

NAME:	Last		First			Middle						
ADDRESS:	Street											
City				State			ZIP					
DATE OF BIRTH:	Month	Day	Year	SOCIAL SECURITY NUMBER:								
TELEPHONE NUMBER:												
EMAIL ADDRESS:												
If ANY of your supporting documents may be submitted to the Board using another name(s), please list below:												
Last			First			Middle						
NAME OF EDUCATION PROGRAM:												
ADDRESS OF PROGRAM:												
DATES OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION	Month	Day	Year
DATE ABGC or ABMG EXAM TAKEN: (If applicable)				Month		Day		Year				

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

PENNSYLVANIA STATE BOARD OF MEDICINE/OSTEOPATHIC MEDICINE

VERIFICATION OF GENETIC COUNSELOR EDUCATION

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last	First	Middle
NAME OF EDUCATIONAL PROGRAM:			
ADDRESS:	City	State	Zip

Submit the verification of education form to your educational program and request the program return the completed form directly to the board in an official envelope.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF THE EDUCATIONAL PROGRAM

NAME OF EDUCATIONAL PROGRAM:			
NAME OF STUDENT:	Last	First	Middle
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:	Month	Day	Year
DATE OF GRADUATION:	Month	Day	Year

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:			
DATE:	Month	Day	Year
(Seal of Program)	<p>Upon completion, program must return this completed form directly to the Board in an official envelope.</p> <p>DO NOT RETURN THIS FORM TO THE APPLICANT</p>		

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